



(July 2002)

VIRGINIA DEPARTMENT OF PLANNING AND BUDGET **NONSTATE** **AGENCY CERTIFICATION**

A. PURPOSE

This information is requested by the Department of Planning and Budget pursuant to §2.2-1505 of the Code of Virginia. Each question must be answered. An incomplete form will delay your budget request.

Place this form at the top of your budget request.

B. IDENTIFICATION

Enter the official name of your organization, i.e., the name under which it is incorporated or otherwise authorized to do business in Virginia.

C. LEGAL STATUS

1. Enter the legal status of your organization (corporation, foundation, authority, partnership, political subdivision, etc.)
2. If your organization is established by statute enacted by the General Assembly of Virginia, identify the statute (Act of Assembly or Code of Virginia) and date of its enactment.

3. Does your organization receive state funds as a subgrantee of another state agency or through a state grant-in-aid program authorized by law?

☐ yes ☐ no

If "yes," identify the state agency or grant-in-aid program.

4. Enter the date on which your organization began to do business in Virginia.

5. Has your organization previously received state appropriations?

☐ yes ☐ no

If "yes," attach a statement listing years and amounts of such appropriations since state fiscal year 1997.

Please continue on the back of this form

D. CHARACTERISTICS

1. Is your organization exempt from taxation under § 501 (c) (3) of the United States Internal Revenue Code?

☐ yes ☐ no

If "yes," attach a copy of IRS approval or other documentation of tax-exempt status, showing tax identification number and date of approval.

2. Is your organization a private institution of higher education or affiliated with a private institution of higher education?

☐ yes ☐ no

If "yes," attach a statement describing the institution and your organization's affiliations with that institution, if any.

3. Is your organization a religious organization or affiliated with a religious organization?

☐ yes ☐ no

If "yes," attach a statement describing the religious organization and your organizations affiliation with that organization, if any.

E. CHIEF EXECUTIVE OFFICER

Enter the name, title, business address, and telephone of the chief executive officer (i.e., president, executive director, etc.) of your organization.

F. CERTIFICATION

I hereby certify that the information provided herein is correct and accurate, to the best of my knowledge and belief.

**Person completing
this questionnaire**

Typed name

Signature

Title

Date

Mailing address:

Street and No., or Post Office Box

City, State and Zip Code

Telephone number:

Fax number:

E-mail address: